

# HENDERSON COUNTY PUBLIC SCHOOL CHILDCARE

PSAM-PSPM-PLUS

2019-2020 FLEX CALENDAR REGISTRATION PACKET

Place  
Student  
Photo  
Here

**Legal Name of Student:** Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Nickname of Student: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**School Information:** Student ID: \_\_\_\_\_ Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

For any child with health care needs such as allergies, asthma, or other chronic conditions that require specialized health services, a medical action plan must be attached to the application. The child's parent or a health care professional must complete the medical action plan. Is there a medical action plan attached? Check YES or NO

List any fear or unique behavior characteristics the child has: \_\_\_\_\_

List any allergies and the symptoms along with the type of response required for any allergic reactions:

\_\_\_\_\_

List any types of medication taken for health care needs: \_\_\_\_\_

List any other information that is important to know to ensure safe medical treatment for your child:

\_\_\_\_\_

*If parental custody is or should become an issue, it is necessary for a copy of the official custody papers to be on file at the site. Otherwise, the program staff must legally release children to either parent.*

Is Mother or Guardian authorized to pick up child? Check YES or NO

Mother or Guardian's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

NC Driver's License Number: \_\_\_\_\_

Is Father or Guardian authorized to pick up child? Check YES or NO

Father or Guardian's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

NC Driver's License Number: \_\_\_\_\_

The student may also be released to the following individuals, as authorized by the person who signs this application. In the event of an emergency, if the parent or guardian cannot be reached; the facility has permission to contact the following individuals:

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Child's Health Care Professional / Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Hospital Preference: (Check one) Pardee Park Ridge Closest Other: \_\_\_\_\_

Health Insurance Information: Medicaid # \_\_\_\_\_ Insurance company & # \_\_\_\_\_

**Parental permissions:**

I give permission to Henderson County Public School Childcare for my child to participate in field trips, activities and celebrations either on site or off site during PSAM, PSPM or PLUS. I understand that as a parent or guardian I will be notified of all field trips. Check YES or NO

I give permission for my child to have supervised use of the internet. Check YES or NO

I give release to Henderson County Public Childcare for photos to be used on the HCPS website and give permission to talk to the media. Check YES or NO

I give my permission to the staff of HCPS Childcare to apply sunscreen (No-Ad 45+ SPF) to my child. Check YES or NO

I give permission for my child to use Chap Stick (personal only) or other brands while in care. Check YES or NO

I give permission for my child to use hand sanitizer provided by the program, while in care. Check YES or NO

All authorizations are valid from July 2019 through July 2020.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization history:** Check one

My child's immunization record is attached to the registration packet.

My child is exempt from required immunizations. The exemption statement is attached to the registration packet.

**Permission to seek medical attention:**

I hereby give permission for HCPS Childcare to seek medical attention for my child in an emergency. I verify that all of the above information to be correct and I am responsible for updating the application as needed. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. I certify that I have received and read the North Carolina Child Care Laws & Rules Summary, the HCPS Childcare Parent Handbook, the HCPS Childcare Discipline Policy and it was adequately explained to me.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

In accordance with Federal Civil Rights Laws and US Dept. of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. USDA is an equal opportunity provider and employer.

**Office use only:**

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent or guardian.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *HCPS Childcare Discipline Guidelines & Policies*

First offense – Verbal warning

Second offense – Time out appropriate for the age of the child

Third offense – Director and parent conference

The following are disciplinary guidelines that are used in PSAM – PSPM – PLUS.

- Corporal punishment is not used
- Verbal warning is given
- The problem will be discussed privately with the student
- Time out will be given
- The Director will meet with the parent when there are behavior problems

Repeated misbehavior may result in:

- One day suspension
- Three day suspension
- Five day suspension
- Permanent suspension from the program

Immediate or permanent suspension may result due to the following:

- Fighting
- Injuring self or another child
- Cussing or swearing
- Running from the group and staff members
- Destruction of property
- Stealing
- Threatening violence
- Leaving the designated area without permission

The Childcare Coordinator must approve all suspensions. Payment credits will not be given for days that the child is suspended from care.

I understand the Discipline Guidelines and Policy of Henderson County Public School Childcare. I will be a positive influence and support of this policy. I understand that if my child(ren) do not follow these policies and guidelines that they will be unable to use the Henderson County Public School Childcare Program.

I certify that I have received and read the North Carolina Child Care Laws & Rules Summary, the HCPS Childcare Parent Handbook, the HCPS Childcare Discipline Policy and it was adequately explained to me.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HENDERSON COUNTY PUBLIC SCHOOL CHILDCARE**

**Fee Payment Policies:**

1. Registration fees must be paid and the Fee Payment Policy signed prior to the child's first day of attendance.
2. It is required that parents must reserve days and make advance payment for all programs by Friday for the following week of care. Dates are not transferable and credit is not given for days missed. Drop in care is not provided.
3. Parents receiving financial assistance are still required to follow the payment schedule, if a parent fee is required. Advance payments are required, for all programs, by Friday for the following week of care. Any family receiving financial assistance from DSS must apply and receive a new voucher for each school year, for Summer PLUS care and for teacher workdays, if attending another site.
4. Parents must sign up and pay in advance for dull day care on teacher work days within the periods specified (1-2 weeks in advance for teacher workdays). Fees for winter weather care are paid upon arrival to the winter weather site.
5. Credit will not be given for days purchased and not used except in cases of family emergencies and extended illness (must be five consecutive days or more). Credit for payments will not be given for suspensions. The parent and site director must complete a written Fee Payment Agreement Adjustment for credit to be approved. If Henderson County Public Schools closes due to any unforeseen reason, a credit will be given for that day(s).
6. There will be a \$10.00 late pick up charge, per child, for each 15-minute increment that children are picked up after the 6:00 pm closing time. If there is not contact between the childcare staff and parent or another authorized adult by 7:00 pm, the local authorities will be called.
7. Childcare fees may be paid by check, cash, money order or by debit or credit care through K12PaymentCenter. If paying by cash, please provide correct change or expect to have remaining balance credited to the account.
8. In the event your check is returned the following procedures will be followed:
  - a. The parent will be notified of the NSF check
  - b. Re-payment must be made in cash for the NSF check
  - c. A \$25.00 NSF fee must be made in cash
  - d. In the event that two NSF checks have been written; the parent or guardian will be put on a cash only basis.
  - e. If any additional bank charges are incurred, the parent or guardian will be responsible for those fees as well.

I understand the Henderson County Public School Fee Payment Policy and agree to comply with the terms of payment. I understand that failure to adhere to the payment schedule and policies will result in the termination of childcare services.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_